

THE MARYLAND BOARD OF SOCIAL WORK EXAMINERS

PROFESSIONAL REFERENCE FORM

THE FOLLOWING SECTION IS COMPLETED BY THE APPLICANT:

I am applying for Maryland social work licensure, by examination, at the level of:

( ) Licensed Social Work Associate "LSWA" ( ) Licensed Graduate Social Worker "LGSW"

( ) Licensed Certified Social Worker "LCSW" ( ) Licensed Certified Social Worker-Clinical "LCSW-C"

Applicant's Name Current Mailing Address City State Zip

Include area code: Home Phone Number Office Phone Number Cell Phone Number

TO: Name of Reference Address City State Zip

I am applying for social work licensure in Maryland at the above indicated level. Please answer the appropriate questions on side 2 AND RETURN THE ORIGINAL SIGNED FORM TO ME by:

Applicant's Signature Date

INSTRUCTIONS

The Professional Reference Form is used by all licensure levels. Please read the instructions regarding which portions of the form need to be completed for the licensure level. Side two of the form must be completed and signed by the reference.

LSWA and LGSW levels: ONLY COMPLETE STATEMENT #8 DO NOT COMPLETE #1 through #7

LCSW & LCSW-C levels: The social work supervisor (providing hours of supervision for advanced licensure) completes statements #1 through #8. For social work experience obtained Maryland, please note that the date supervision began cannot pre-date the issuance of the applicant's LGSW license.

Social work supervisors who are NOT licensed by the Maryland Board must attach a résumé

Non-social work professionals completing questions #8 do not submit a résumé

An applicant for licensure at the LCSW or LCSW-C levels must completed two years, 104 weeks, of supervised experience and document 144 hours of direct face-to-face supervision which must include at least 72 individual hours and may include 72 group hours. All of the 144 hours may be obtained from individual supervision. The size of the group cannot exceed six supervisees. Applicants for the LCSW-C level must document at least 1,500 hours of face-to-face client contact.

Please review and be familiar with all of the requirements for social work licensure (social work experience and social work supervision) for the advanced levels. The licensing requirements are in the Maryland Health Occ. Code Ann. ("H.O.") Title 19 and in the Code of Maryland Regulations Title 10 Subtitle 42.

**MARYLAND BOARD OF SOCIAL WORK EXAMINERS**

**PROFESSIONAL REFERENCE FORM**

Statement #8 and the affidavit are completed for LSWA & LGSW applicants

Statements #1 to #8 and the affidavit are completed by social work supervisors for LCSW & LCSW-C applicants

- 01) I supervised \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(The date supervision began cannot pre-date the issuance date of the applicant's LGSW)
- 02) Total number of weeks the applicant worked under my supervision: \_\_\_\_\_ weeks.
- 03) While under my supervision the applicant worked \_\_\_\_\_ hours per week in social work practice which included \_\_\_\_\_ hours per week of face-to-face client contact.
- 04) Name and address of the **applicant's** social work **practice site**: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 05) Total number of **Individual** supervision hours: \_\_\_\_\_  
Total number of **Group** supervision hours: \_\_\_\_\_ Number of supervisees in the group \_\_\_\_\_  
(group size cannot exceed six supervisees)  
Grand total number of supervision hours: \_\_\_\_\_
- 06) Was the supervision you provided clinical social work supervision? ( )Yes ( )No  
*(Please note that clinical social work supervision must be provided to LCSW-C applicants.)*
- 07) Licensed Certified Social Worker-Clinical? ( )Yes ( )No. License No: \_\_\_\_\_ State: \_\_\_\_\_  
Licensed Certified Social Worker? ( )Yes ( )No. License No. \_\_\_\_\_ State: \_\_\_\_\_

▶▶ *Social work supervisors licensed in another jurisdiction other than Maryland need to attach a résumé* ◀◀

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**STATEMENT #8 IS COMPLETED BY ALL REFERENCES**

(A reference cannot be a relative or friend)

- 08) I have known the applicant since \_\_\_\_\_ in the capacity of \_\_\_\_\_.  
(year) (student, supervisee, colleague)

**AFFIDAVIT**

I do solemnly declare and affirm, under the penalties of perjury, that the above statement(s) are true and correct, and I hereby recommend this applicant for licensure.

\_\_\_\_\_  
Please Print - Name of Reference/Supervisor Address City State Zip

\_\_\_\_\_  
Position/Title Phone Number Signature Date